



NAPA COUNTY
AGENCY

HEALTH AND HUMAN SERVICES

EMERGENCY MEDICAL SERVICES AGENCY
1721 First Street
Napa, California 94559
707) 253-4341 FAX (707

ANGWIN TRIAL STUDY EMT-I ADVANCED SCOPE OF PRACTICE RUN REVIEW

To Be Completed by By EMT-I Advance: Call Date: _____ Time: _____ Auth.

No.: _____

Location of

Call: _____

—

Chief

Complaint: _____

To Be Completed by Base Station Coordinator:

☐ Check if you used the other side or additional sheet for more info.

1. Was appropriate protocol used: check: ___Yes ___No

2. Was Base Hospital Contact Made: ___Yes ___No If No, why

: _____

3. Is the Base Hospital in agreement with the above information: ___Yes ___No If No, why?

To Be Completed by ER Physician on Duty:

Check if ☐ you used the other side or additional sheet for more info.

4. Was appropriate protocol used: check: ___Yes ___No

5.. Was Base Hospital Contact Made: ___Yes ___No If No, why

: _____

6. Is the Base Hospital in agreement with the above information: ___Yes ___No If No, why?

To Be Completed by Receiving Hospital Medical Director:

Ch ☐ k if you used other side or additional sheet for more info.

7. Was appropriate protocol used? ___Yes ___No

8. Was Base Hospital Contact Made? ___Yes ___no If No,

Why _____

9. Is the Medical Director in agreement with above information? ___Yes ___No

To Be Completed by ACA Training Coordinator:

Ch ☐ k if you used other side or additional sheet for more info.

10. Was appropriate protocol used? ___Yes ___No

11. Was Base Hospital Contact Made? ___Yes ___No If No,

why? _____

12. Is the ACA Training Coordinator in agreement with above information? ___Yes ___No If no,

why: _____

To Be Completed by EMSA Medical Director:

☐ Check if you used other side or additional sheet for more info.

13. Was appropriate protocol used? ___Yes ___No

14. Was Base Hospital Contact Made? ___Yes ___No If No,

Why? _____

15. Is the EMSA Medical Director in agreement with above information? ___Yes ___No If no,

why? _____

forwarded to reach the EMSA within 14 days of the incident.

Base Station Coordinator: will review, sign and forward to Receiving Hospital ER Physician, within a day or two.

ER Physician: will review, sign and forward to Receiving Hospital Medical Director, within a day or two.

Receiving Hospital Medical Director: will review, sign and forward this form and the attached PCR to reach the EMSA within 14 days of the incident date.